

CHAPTER XIII

TEN CRITICAL TASKS FOR IMPROVING ADOLESCENT AND YOUNG ADULT HEALTH IN TENNESSEE

Traditionally, adolescents in America lack a voice in determining the degree to which there is investment in their positive development. This age group has limited political power since most youth are not eligible to vote. Adolescents are further marginalized because they represent a small proportion of the total population, have higher rates of poverty, and are more ethnically diverse than the population as a whole.¹ Therefore, adolescents need advocates.

Adults need to recognize the contributions of young people as volunteers, in the workplace, in the community and in the culture at large. American's perceptions of youth must change so that adults respond to both the contributions and the challenges presented by young people today.

WHAT CAN BE DONE?

This chapter outlines a call to action for individuals, families, schools, local government, the private and non-profit sectors, faith-based organizations, policymakers and youth themselves. This call to action is a charge to all Tennesseans to make the health and well-being of youth a top priority and to make a personal commitment on their behalf. Every citizen can make a contribution to the lives of adolescents and young adults.

Ask the Experts

"Most parents, if asked, want more for their children and teens than just to stay out of trouble. They want them to develop characteristics that will allow them to thrive."

Kristin Moore, President and Senior Scholar, Child Trends, *Commentary* (2001)

ACTION PLAN FOR MOVING FORWARD

The Vision

The vision of the *Tennessee Initiative to Improve Adolescent and Young Adult Health by 2010* is to develop and strengthen partnerships at all levels of society that promote the health and well-being of Tennessee's youth. Particular emphasis should be on addressing health disparities, positive youth development, prevention, risk reduction and early intervention.

Realizing the Vision

In order to realize the vision of the *Tennessee Initiative to Improve Adolescent and Young Adult Health by 2010*, initiative members have developed 10 key strategies which will serve as the roadmap to guide action for the next five years.^{2,3, 4, 5, 6}

TEN ACTION STEPS

1. *Ensure Access to Mental Health Services.* Assure availability of mental health services for early identification and intervention with at-risk adolescents.



- a. Identify and disseminate mental health resource information to all public and private health care providers.
 - b. Expand availability of mental health providers statewide.
 - c. Provide general mental health diagnoses training to public and private health care providers.
 - d. Collaborate with mental health professionals to identify further strategies to improve access to mental health services.
 - e. Fully implement the state SAMSHA youth suicide prevention grant as well as the state SAMSHA youth access to alcohol and drug abuse treatment services grant.
 - f. Encourage the implementation of policies, procedures, and evaluation programs in health care settings to assess for and intervene with adolescents at risk for suicide.
2. *Support Parents in Effective Parenting of Adolescent Children.* Help families to reach their potential as irreplaceable positive influences in the lives of teens.
 - a. Involve parents in policy and program development. Utilize the perspective parents bring to planning and implementation.
 - b. Implement structured parent programs. Select approaches that promote parent-child connectedness; communication; appropriate and consistent rewards and punishment; and monitoring of activities during adolescence.⁷
 3. *Develop dedicated funding for adolescent health.* In order to adequately address the multiple needs of “at risk” adolescents and young adults, dedicated funding for adolescent health should be established.
 - a. Educate funders about adolescent health and healthy development.
 - b. Work with funders to define critical issues in adolescent health funding, such as:
 - Need to support programs that address the needs of youth of color and other underserved youth (youth with disabilities, gay and lesbian youth, homeless youth, youth in foster care, etc.).
 - Need for long-term funding.
 - Need for flexible funding.
 - Importance of funding strategies that use best practices.
 - c. Streamline both public and private funding resources.
 - Develop ways to coordinate pots of money for adolescent health and healthy development strategies.
 - Explore ways to simplify application and reporting processes.
 - Support efforts to move towards longer-term funding.
 - Develop mechanisms to disseminate information about funding opportunities to a wide variety of people.
 - Provide training on effective ways to identify and obtain funding on adolescent issues.
 - Work with funders to increase the stability of funding.
 4. *Address health disparities among adolescents and young adults with a focus on gender issues.* Male adolescents and young adults often report higher degrees of risk-taking than females. However, few policies and programs are designed to meet young men’s unique needs.
 - a. Identify and monitor data to address health disparities. Report the differences in health outcomes across groups such as gender, race/ethnicity, low-income, homeless and disabled youth.
 - b. Develop programs that target specific “at risk” populations.
 - c. Develop a culturally competent work force for professionals who work with youth.
 5. *Ensure/Improve access to health services with an emphasis on promoting Tennessee’s confidentiality laws.* Assure the availability of health services for “at-risk” adolescents and young adults. Also, address confidentiality issues since the most

common reason adolescents do not access preventive health care is confidentiality concerns.

- a. Assure that all adolescents are covered by health insurance. Adopt policies that expand and maintain private and public sources of health insurance coverage.
 - b. Provide outreach to youth for EPSDT/public health services.
 - c. Assure quality of preventive care. Fully implement and adequately reimburse standards for adolescent preventive care. Assure provider availability and training.
 - d. Establish and maintain access points for service delivery. Promote teen friendly services that are confidential (when needed), acceptable, accessible and affordable.
 - e. Establish key partnerships for service delivery. Include the right mix of services, provided in settings that are comfortable for youth and delivered by health care practitioners experienced in working with this unique age group.
6. *Maintain reproductive health as a priority.* Focus on reducing teen pregnancy, HIV/AIDS and sexually transmitted diseases among adolescents and young adults.
- a. Make accurate information on responsible sexual behavior, including the benefits of abstinence, more easily available to youth and their families.
 - b. Provide confidential, youth friendly reproductive health services.
 - c. Encourage communication between adolescents and their parents about reproductive health issues.
 - d. Reduce teen pregnancies among youth.
 - e. Increase number of youth who abstain from sex or use a condom if sexually active.
 - f. Encourage all providers who serve adolescents to screen sexually active females for chlamydia, regardless of symptoms.
 - g. Encourage appropriate HIV risk assessment and reduction counseling in adolescent health encounters, with testing as indicated.

7. *Build/strengthen partnerships outside of public health.* Partner with all sectors of society to address adolescent and young adult health issues.

- a. Establish a state Adolescent and Young Adult Health Advisory Committee. Recruit membership from academia, non-profit sector, faith-based organizations, private and public medical community as well as parent and youth representatives.
- b. Develop multi-sector committees to tackle specific adolescent health issues.

8. *Develop a uniform statewide data collection system that would provide county specific data.* Uniform data is needed by county as well as by region and state levels to determine program priorities and resource allocation.

- a. Collect, update and disseminate information on adolescent health status. Establish and track key indicators of adolescent needs. Make information accessible to a wide professional audience and the general citizenry through the Internet and other media.
- b. Establish a combined state adolescent health survey. Craft a combined state level survey of adolescent health to improve consistency of data and to make survey administration easier for schools.
- c. Identify and monitor data to address health disparities. Report differences in health outcomes across groups such as racial and ethnic minorities, adolescents from low income families, homeless and disabled youth.
- d. Build local community capacity to collect information that tracks outcome measures reflecting program impact.

9. *Build public support for investment in youth.* A great deal is known about how to address the opportunities for positive youth development and to reduce the potential for adverse consequences of adolescent risk-taking. Adequate long-term investment will always be required, and the voting public must see the purpose and value of investing its scarce resources.

- a. Promote a positive view of Tennessee's

adolescents and young adults. Educate adults about adolescent health and development. Engage the media in promoting balanced images of youth.

- b. Familiarize policymakers with youth. Encourage legislators, agency heads and local leaders to meet with youth in their own communities.
 - c. Make youth programs a priority. Focus resources on prevention programs for all youth. Aggressively promote evidence-based prevention strategies and programs. Provide adequate funding, sustained over time.
10. *Involve Youth in Policy Formation and Program Implementation.* Use teens' firsthand knowledge of school, peer and community environments in forming policies that impact youth.
- a. Engage youth. Every program that serves youth should rely upon input and support from its customers.
 - b. Build youth leadership. Maximize the value youth bring to the policy debate through training, mentoring, and direct experience.
 - c. Develop and disseminate sound approaches for involving youth. Craft training, "how to" manuals and assistance for communities to involve youth in a meaningful, productive way.
 - d. Evaluate results. Elements of a policy or program should be evaluated against criteria set by youth participants.
 - e. Establish a youth advisory committee for the Tennessee Department of Health to better guide the department's efforts to improve adolescent and young adult health.
 - f. Develop activities that provide youth with healthy outlets and connections to caring adults.
 - g. Develop opportunities for teens to give back to their community.
 - h. Strengthen opportunities to connect youth to the world of work.
 - i. Provide assistance to help community programs integrate positive youth development approaches and evaluation components.

HOW TO BEGIN

No matter where you live, work or play there is always an opportunity to support young people and their parents or caregivers. In short, it makes no difference where Tennesseans begin implementing these recommendations, as long as they take action. Tennessee's Initiative to Improve Adolescent and Young Adult Health by 2010 extends its support and encouragement to communities as they work to foster the health and well-being of their young people.

End Notes

1. CD Brindis and MA Ott, "Adolescents, health policy, and the American political process," *Journal of Adolescent Health* 30(1): 9-16 (2002).
2. T Ferber and K Pittman, *Adding It Up: Taking Stock of Efforts to Improve State-Level Youth Policies*, The Forum for Youth Investment (2001).
3. S Clayton et al., *Investing in Adolescent health: A Social Imperative for California's Future*, National Adolescent Health Information Center (2000).
4. Minnesota Department of Health, *Being, Belonging, Becoming: Minnesota's Action Plan* (2002).
5. T Ferber and K Pittman, with T Marshall, *State Youth Policy: Helping All Youth to Grow Up Fully Prepared and Fully Engaged*, The Forum for Youth Investment (2002).
6. Colorado Department of Public Health and Environment, *Adolescent Health in Colorado*, 2003.
7. PM Rinehart and JA Kahn, *Growing Absolutely Fantastic Youth: A Guide to Best Practices in Healthy Youth Development*, Konopka Institute for Best Practices in Adolescent Health and the Division of General pediatrics and Adolescent Health, University of Minnesota (2000).